



UNDERGROUND STORAGE TANK Closure and Site Assessment Notice

See back of form for instructions

| | |
|---------------------|-------|
| FOR OFFICE USE ONLY | |
| Site ID #: | _____ |
| Owner ID #: | _____ |

Please ✓ the appropriate box(es)

☐ Temporary Tank Closure ☐ Change-In-Service ☐ Permanent Tank Closure ☐ Site Check/Site Assessment

Site Information

Site ID Number _____
(Available from Ecology if the tanks are registered)

Site/Business Name _____
Street

Site Address _____

City/State _____

Zip Code _____ Telephone (____) _____

Owner Information

(This form will be returned to this address)

UST Owner/Operator _____

Mailing Address _____
Street

_____ P.O. Box

City/State _____

Zip Code _____ Telephone (____) _____

Owners Signature _____

Tank Closure/Change-In-Service Company

Service Company _____

Certified Supervisor _____ Decommissioning Certification No. _____

Supervisor's Signature _____ Date _____

Address _____
Street P.O. Box

City State Zip Code Telephone (____) _____

Site Check/Site Assessor

Certified Site Assessor _____

Address _____
Street P.O. Box

City State Zip Code Telephone (____) _____

Tank Information

| Tank ID | Closure Date | Closure Method | Tank Capacity | Substance Stored |
|---------|--------------|----------------|---------------|------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Contamination Present at the Time of Closure

☐ Yes ☐ No ☐ Unknown
Check unknown if no obvious contamination was observed and sample results have not yet been received from analytical lab.

☐ Yes ☐ No
If contamination is present, has the release been reported to the appropriate regional office?

To receive this document in an alternative format, contact the TOXICS CLEANUP PROGRAM at 1-800-826-7716 (VOICE) OR (360) 407-6006 (TDD).

Instructions

Please Read Carefully

AFTER COMPLETING THIS FORM. RETURN TO:

TOXICS CLEANUP PROGRAM
DEPARTMENT OF ECOLOGY
P.O. BOX 47655
OLYMPIA, WA 98504-7655

This form is to be completed by the tank owner and submitted to Ecology within 30 days of tank closure. Mark the appropriate box(es) for temporary tank closure, permanent tank closure, change-in-service, or site assessment.

Permanent Closure and Change-In-Service require a site assessment be performed.

Site and Owner Information

Fill in the site and owner information. Include the Ecology site number, if known; also, be sure to provide telephone numbers so that any problems can be resolved quickly. **The tank owner MUST sign this form.**

Tank Closure/Change-In-Service Company and Site Check/Site Assessor

List the closure company and fill in the site assessor information for permanent closure or change-in-service. Ask to see the closure company supervisor's IFCI Certification and make sure that the certified supervisor signs this form.

Please note: Individuals performing services MUST be certified by the International Fire Code Institute (IFCI), or other nationally recognized association by which they demonstrate appropriate knowledge pertaining to USTs or have passed another qualifying exam approved by the Department.

Tank Information and Contamination Present at Time of Closure

Please fill in the tank information requested using tank ID numbers previously reported to Ecology. In the column entitled "Closure Method," indicate what manner of closure was used, such as closure in place or removal. Check the appropriate box(es) indicating if contamination is present and has been reported. Contamination found or suspected at the site must be reported to the appropriate Ecology regional office within 24 hours [see below for telephone numbers]. **If contamination is confirmed, a site characterization report must be submitted to the regional office within 90 days; if contamination is not confirmed, then this form, a site assessment checklist, and a site assessment report must be submitted to the above address within 30 days.**

| Central | Eastern | Southwest | Northwest |
|------------------------|------------------------|------------------------|------------------------|
| (509) 574-2490 (voice) | (509) 456-2926 (voice) | (360) 407-6300 (voice) | (425) 649-7000 (voice) |
| (509) 454-7673 (TDD) | (509) 458-2055 (TDD) | (360) 407-6306 (TDD) | (425) 649-4259 (TDD) |

The following tanks are exempt from notification requirements:

- ❖ Farm or residential tanks, 1,100 gallons or less, used to store motor fuel for personal or farm use only. The fuel must not be for resale or used for business purposes.
 - ❖ Tanks used for storing heating oil that is used on the premises where the tank is located.
 - ❖ Tanks with a capacity of 110 gallons or less.
 - ❖ Equipment or machinery tanks such as hydraulic lifts or electrical equipment tanks.
 - ❖ Emergency overflow tanks, catch basins, or sumps.
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For more information, call toll free in the state of Washington 1-800-826-7716 (Message).